

PATENT APPLICATION SERIAL NO. _____

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
Fee Record Sheet

02/25/2004 HTECKLU1 00000021 10781631

01 FC:1001 770.00 OP
02 FC:1201 86.00 OP

Adjustment date: 05/18/2004 HMOHAMM1
02/25/2004 HTECKLU1 00000021 10781631
02 FC:1201 -86.00 OP

Repln. Ref: 05/18/2004 HMOHAMM1 0012573200
DAB:051323 Name/Number:10781631
FC: 9204 \$86.00 CR

PTO-1556
(5/87)

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

1078/631

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	11	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	11 minus 20= *	1
INDEPENDENT CLAIMS	3 minus 3 = *	0
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A	(Column 1)		(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

SMALL ENTITY TYPE	OTHER THAN OR SMALL ENTITY
RATE	Fee
BASIC FEE	385.00
OR	BASIC FEE
X\$ 9=	770.00
OR	X\$18=
X43=	
OR	X86=
+145=	
OR	+290=
TOTAL	170
OR TOTAL	

SMALL ENTITY OR	OTHER THAN OR SMALL ENTITY
RATE	ADDI- TIONAL FEE
X\$ 9=	
OR	X\$18=
X43=	
OR	X86=
+145=	
OR	+290=
TOTAL ADDITIONAL FEE	TOTAL ADDITIONAL FEE
OR	

AMENDMENT B	(Column 1)		(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
OR		OR	
X43=		X86=	
OR		OR	
+145=		+290=	
OR		OR	
TOTAL ADDITIONAL FEE		TOTAL ADDITIONAL FEE	
OR		OR	

AMENDMENT C	(Column 1)		(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
OR		OR	
X43=		X86=	
OR		OR	
+145=		+290=	
OR		OR	
TOTAL ADDITIONAL FEE		TOTAL ADDITIONAL FEE	
OR		OR	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.